Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003392513)))



H230003392513ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

211	Address:			
marr	vagtess:			

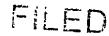
FLORIDA LIMITED LIABILITY CO. BWB PORT ST. LUCIE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

T. MATTHEWS

SEP 48 2023

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



	111	٠.				× '	
А	.KI	ш	u. I	. r. i	•	• • 2	me:

The name of the Limited Liability Company is:

2023 SEP 27 PM 4:49

TALLAHASSEE, FL

BWB PORT ST. LUCIE, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

_	rincipal Office Address:		Mailing Address:
400 Clematis S	Street	400 Clematis	Street
Suite 201		Suite 201	· · · · · · · · · · · · · · · · · · ·
West Palm Bea	ich, FL 33401	West Palm B	each, FL 33401
e name and the Florida ;	street address of the registered ager Corporate Creations Netw		
	Nar		
	801 US Highway 1		
	Florida street address (P.C). Box <u>NOT</u> acceptable	2)
	North Palm Beach	F1.	33408
	City	State	Zip
			
ve designated in this certi her agree to comply with	tered agent and to accept service of ficate, I hereby accept the appointm the provisions of all statutes relating the obligations of my position as reg	ent as registered agent g to the proper and com	and agree to act in this capa plete performance of my dut

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = At	uthorized Member	Name and Address:			
"MGR" = Mar	laĥe1				
MGR		Daniel Smith			
		400 Clematis Street, Suite 201			
		West Palm Beach, FL 33401			
					
					
					
		-			
	<u></u>				
(Use attachmer					
(If an effective date is li the date of filing.) Note: If the date inserte	sted, the date must be specific a ed in this block does not meet th	ng:			
ARTICLE VI: Other pro	e date on the Department of Statovisions, if any.	te s recorus.			
REOUIRED S	SIGNATURE:	Saray Djidji, Attorney in Fact			
	This document is executed in a I am aware that any false infort	or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.			
	Тур	ned or printed name of signee			

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)